

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 09/17/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 09/18/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	44	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	11	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	65	78	13
		8535	9	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404904	WESTERN HIGHLAN DS LME	3411	1047	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		11	48	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1165	6729	5564
		8534	12	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404910	PATHWAYS	11	85	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		5404	8	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	119	2533	2414
		5308	6	PRIOR AUTHORIZED UNITS EXCEEDS D				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	57	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	53	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	166	3716	3550
		143	20	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404913	MECKLENBURG COM ENTAL HEALT	8505	5154	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	2509	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	8553	8897	344
		21	485	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA VIORAL HEAL	8505	68	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	41	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	153	1915	1762
		79	18	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404917	CENTERPOINT HUM AN SERVICES	8599	116	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	59	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	331	2785	2454
		8800	54	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEAL/THC	8505	1628	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	299	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2056	2087	31
		11	111	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404920	ALAMANCE CASHEL L AREA MH D	11	48	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		79	15	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	80	1923	1843
		5404	11	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C HATHAM AREA	11	87	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	51	DUPLICATE OF CLAIM-SYSTEM	0	241	4544	4303
		8599	38	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8599	275	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8950	84	CLIENT ONLY ENROLLED IN TRACKI NG POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP	6	417	11117	10700
		8622	29	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404923	FIVE COUNTY MH	8505	1053	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	81	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1212	2703	1491
		11	57	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	9195	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	910	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	16	10561	10685	124
		5404	91	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404926	SOUTHEASTERN RE G MENTAL HL	8800	62	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	55	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	316	2221	1905
		191	40	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404927	CUMBERLAND CO M HC	8599	70	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	28	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	106	1513	1407
		8505	3	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8537	3	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		21	1	DUPLICATE OF CLAIM-SYSTEM	0	4	11	7
3404931	WAKE CO HUM SVC BILLING OF	11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	7	DUPLICATE OF CLAIM-SYSTEM	3	36	427	391
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	91	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8564	45	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.	0	217	422	205
		10	25	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404934	ONSLow CARTERET BEHAV HEAL	8535	387	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		4102	63	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO	0	697	1661	964
		8599	58	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		0	0		0	1	3004	3003
3404939	EAST CAROLINA B EHAVIORAL H	8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		27	48	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	0	189	1860	1671
		11	37	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	3411	46	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	174	1705	1531
		143	24	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404944	EASTPOINTE HUMA	8654	6	ONLY 16 UNITS ALLOWED PER DAY				
	N SERVICES			WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
		8599	4	DETAIL NOT COVERED BY COMBINAT	0	18	3888	3870
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8536	2	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404946	FOOTHILLS AREAM	8532	350	SUBMITTED BILLING PROVIDER IS				
	ENTAL HEALT			NOT ELIGIBLE FOR DATE OF				
				SERVICE BILLED				
		8535	144	SERVICE FACILITY LOCATION WAS	0	660	2432	1772
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		8599	132	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				